



# FMLA/KCFML Medical Certification

Date received by leave-granting authority

## Employee Requesting Leave

- Please complete this section, attach a copy of your FMLA/KCFML Leave Request form and job description, and give all three to your physician/health care provider; when your provider has completed his/her section of this form, return all to your leave-granting authority.
- FMLA/KCFML medical certification is confidential; access to the information is restricted to personnel designated by your department and this form is maintained in a secure medical file kept apart from your personnel file.

Employee name \_\_\_\_\_ Contact phone (\_\_\_\_\_) \_\_\_\_\_

Patient name (if different) \_\_\_\_\_ Relationship to you \_\_\_\_\_

Return forms to employee address \_\_\_\_\_

## Physician/Health Care Provider

- Please complete all information indicated, providing only information related to the health condition for which leave is requested.
- Sign, date and return all forms to the employee requesting leave at the address shown above.
- To complete this form, refer to the attached FMLA/KCFML Leave Request form, employee's job description and page 2 of this form.

1. Check the box that describes the reason for the employee's leave request.

☐ For own serious health condition (employee is your patient) ☐ To provide assistance to patient (employee is not your patient)

2. If employee is providing assistance to your patient, check the box(es) describing the assistance the employee will provide.

☐ Medical needs ☐ Personal needs ☐ Transportation ☐ Safety ☐ Psychological comfort

3. Check the box that best describes the medical condition prompting this leave request (see page 2 for category definitions).

☐ Non-serious      Serious: ☐ Hospital/inpatient care ☐ Chronic condition requiring treatments  
☐ Absence plus treatment ☐ Permanent/long-term condition requiring supervision  
☐ Pregnancy ☐ Non-chronic condition requiring multiple treatments

4. Describe the medical facts which support your certification, including how the medical facts meet the criteria of the condition checked.

5. Indicate the approximate date the condition began, its likely duration and the date you estimate it will end.

6. If the condition is chronic, is the patient incapacitated? If yes, describe the incapacity and the likely frequency and duration of future incapacity.

7. As a result of the medical condition and treatment, can the employee work? If yes, describe the work schedule (less than full time? intermittent? interrupted by absences for treatment?) and its likely duration.

8. If able to work, what essential job functions is the employee unable to perform? For how long?

9. If the employee must work less than a full schedule, give a general description of the treatment, including treatment provided by other providers. Include likely dates and number of treatments, intervals between treatments, duration of incapacity due to treatment (if any), prescription drugs and physical therapy requiring special equipment.

*I am treating the patient to whom this information applies and certify all information I have provided is true.*

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

Printed name \_\_\_\_\_ Contact phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Type of practice \_\_\_\_\_

## Non-Serious Health Conditions

The following ailments are generally not a serious health condition:

- Common cold
- Flu
- Earaches
- Headaches other than migraines
- Minor ulcers
- Periodontal disease
- Routine dental-orthodontia problems
- Stress or allergies (however, mental illness resulting from stress or allergies may qualify).

## Serious Health Conditions

A serious health condition means an illness, injury, impairment, or physical or mental condition involving one of the following.

### Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such care.

### Absence Plus Treatment

A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition) that also involves:

- Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; treatment includes examination to determine if a serious health condition exists and evaluation of the condition, but does not include routine physical examinations, eye examinations or dental examinations; or
- Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider; a regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition, but does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves, bed-rest, drinking fluids, exercise or other similar activities that can be initiated without a visit to a health care provider.

### Pregnancy

Any period of incapacity due to pregnancy, or for prenatal care. (An employee may also take non-FMLA leave/KCFML for pregnancy under state law and should discuss this option with her supervisor or human resources representative.)

### Chronic Condition Requiring Treatments

A chronic condition that:

- Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under the direct supervision of a health care provider.
- Continues over an extended period of time (including recurring episodes of a single underlying condition) and
- May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

### Permanent/Long-Term Condition Requiring Supervision

A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

### Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive multiple treatments (including any period of recovery) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy) and kidney disease (dialysis).